

Workforce Race Equality Standard (WRES) Report 2022



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Executive Summary

The Workforce Race Equality Standards (WRES) was introduced in 2015 and is now mandatory for all NHS Trusts. Since then, NHS organisations, including Alder Hey, have been collating and analysing their workforce data, holding up a mirror to organisational performance on this agenda and developing action plans to facilitate progress in each metric to improve the experience of black, Asian and minority ethnic colleagues within the Trust.

The Trust has facilitated a number of WRES related activities in the past 12 months, driven by the work of the BME Taskforce which has been in place since 2020 and has focused its efforts on listening and engaging with BME staff, improving diverse communications, zero tolerance approaches and training, and as a result there has been an improvement in 7 out of 9 metrics in 2021/22, compared to 2020/21 data.

Encouragingly, the overall BME population of the Trust has increased by 1% in year to 9%¹ and the Trust Board representation (voting) has increased from 21.4% to 28.6%. successful overseas nursing recruitment has supported this increase in diversity. The Trust has seen a statistically significant improvement in Metric 6, which highlights a decrease in percentage of BME staff reporting that they have experienced harassment, bullying or abuse from other staff, a decrease of 7.4%. However, there is an increase in the percentage of BME staff reporting that they have experienced harassment, bullying or abuse from the public, from 13% to 16.9%. The Trust accepts that it is not tolerable for any staff member to experience bullying and harassment in the workplace and continues to look at how we can reduce these figures.

It is heartening to see progress in Metric 4 (likelihood of BME staff accessing training and CPD), and also in Metric 2 (likelihood of BME applicants being appointed following shortlisting) and we hope these will improve year on year with the development of the education offer for colleagues, and with the Trust's participation in the national Overhauling Recruitment Programme.

In Summer 2022, the Trust launched the new Equality, Diversity and Inclusion Steering Group, picking up the mantle of the excellent foundations laid by the BME Taskforce. Reporting directly into the Trust Board, this group, working with members of the staff network, will oversee the development of the action plan associated with the WRES, ensuring the trust's actions are impactful and help make improvements across the whole range of metrics.

¹ BME population of Liverpool is estimated to be around 11%

SUMMARY TABLE			
Indicator	Trust performance since 2020		National comparison from 2021 (England average)
	WRES Indicator 1: Representation	Improved	From 7.8% to 8.9%
WRES Indicator 2: Likelihood of appointment (ratio)	Improved	From 1.07 to 0.91	1.61
WRES Indicator 3: Likelihood of disciplinary action (ratio)	Declined	From 0.43 to 0.91	1.14
WRES Indicator 4: Access to training & CPD (ratio)	Improved	From 1.23 to 0.32	1.14
WRES Indicator 5: Bullying & harassment from the public (staff survey data)	Declined	From 13.4% to 16.9%	28.9%
WRES Indicator 6: Bullying & harassment from staff (staff survey data)	Improved	From 27.5% to 20.1%	28.8%
WRES Indicator 7: Fairness in career progression (staff survey data)	Improved	From 48.4% to 51%	69.2%
WRES Indicator 8: Experience of discrimination (staff survey data)	Improved	From 12.4% to 10.5%	16.7%
WRES Indicator 9: Board voting membership	Improved	From 21.4% to 28.6%	12.6%

Introduction

This is the 2021 annual WRES Data report. The data for 2020/21 has been directly compared to data for 2019/20 providing a clear picture on the indicators that the Trust is performing well in and those indicators that require the Trusts focus in the year ahead. The focus of this report is to present the Trusts performance against the WRES indicators for the past 12 months with a subsequent action plan to improve the experience and opportunities for our BME staff in the coming year(s).

Completeness of data:

There have been no issues identified regarding completeness of data and the current proportion of staff who have self-reported their ethnicity stands at 98.8%. We will continue to communicate to all staff the importance of reporting and updating their personal data in ESR through Employee Self Service.

Reliability of comparisons with previous years:

No matters were identified relating to reliability of comparisons with previous year.

Data Collection:

Data was collected on 31st March 2022, when the workforce comprised 4013 employees. 8.9% reported they were from a black or minority ethnic background. 89.6% reported being from a white background and 1.4% did not state their ethnicity.

INDICATOR 1

Percentage of staff in each of the AFC bands 1-9 and VSM (including executive directors) compared with staff in the overall workforce, by non-clinical and clinical groupings.

Non-Clinical	% BAME 2020	% WHITE 2020	% UNKNOWN 2020	Non-Clinical	% BAME 2021	% WHITE 2021	% UNKNOWN 2021
Band 1 *	6%	94%	0%	Band 1*	0%	100%	0%
Band 2	2%	98%	1%	Band 2	2%	97%	0%
Band 3	4%	95%	1%	Band 3	4%	93%	2%
Band 4	3%	97%	1%	Band 4	4%	96%	0%
Band 5	5%	95%	0%	Band 5	5%	93%	1%
Band 6	7%	93%	0%	Band 6	4%	94%	1%
Band 7	5%	93%	1%	Band 7	3%	98%	0%
Band 8a	6%	89%	5%	Band 8a	6%	90%	4%
Band 8b	1%	96%	0%	Band 8b	9%	88%	3%
Band 8c	0%	92%	8%	Band 8c	0%	100%	0%
Band 8d	0%	100%	0%	Band 8d	6%	88%	6%
Band 9	0%	0%	0%	Band 9	0%	100%	0%
VSM	0%	100%	0%	VSM	0%	100%	0%

Non-Clinical

- Notable improvements in 8b and 8d paybands.
- No significant improvements in any other pay bands, with a reduction in Band 1, Band 6, Band 7

Clinical	% BAME 2020	% WHITE 2020	% UNKNOWN 2020	Clinical	% BAME 2021	% WHITE 2021	% UNKNOWN 2021
Band 2	6%	94%	0%	Band 2	4%	96%	0%
Band 3	1%	98%	0%	Band 3	2%	96%	1%
Band 4	11%	87%	2%	Band 4	7%	88%	4%
Band 5	9%	90%	1%	Band 5	13%	86%	1%
Band 6	6%	94%	0%	Band 6	6%	94%	1%
Band 7	3%	97%	1%	Band 7	3%	96%	1%
Band 8a	5%	93%	2%	Band 8a	3%	95%	1%
Band 8b	0%	100%	0%	Band 8b	3%	97%	0%
Band 8c	0%	100%	0%	Band 8c	0%	100%	0%
Band 8d	0%	100%	0%	Band 8d	25%	75%	0%
Band 9	0%	100%	0%	Band 9	100%	0%	0%

Clinical

- Significant increase in bands 5, 8b, 8d and 9.
- Decreases in the lower bands 2 and 4 and in the more senior 8b.

INDICATOR 2

Likelihood of appointment from shortlisting

White applicants being appointed from shortlisting compared to BME applicants:

2020	2021
1.07	0.90

This has shown positive improvement since 2020; BME candidates were slightly more likely to be appointed from shortlisting than white applicants. Of note, the Trust is participating in the national Overhauling Recruitment Programme, with specific focus on the selection sprint; the results from which will influence our development in this area.

INDICATOR 3

Likelihood of entering the disciplinary process

Relative likelihood of BME staff entering the formal disciplinary process compared to white staff:

2020	2021
0.43	0.91

Whilst this indicator shows no significant increase in the likelihood of BME staff entering into the disciplinary process, it has increased marginally since 2020, and so will be one area for the Trust to retain significant focus on. This remains below the national position.

INDICATOR 4

Access to non-mandatory training & CPD

Relative likelihood of white staff accessing training and CPD compared to BME staff:

2020	2021
1.23	0.32

This indicator has significantly improved since 2020 with more BME colleagues accessing non-mandatory training and development, which is a positive step in the right direction.

INDICATOR 5

Bullying & harassment from the public

2020		2021		2020		2021	
White	18.4%	White	20.7%	BME	13.4%	BME	16.9%

This data demonstrates a slight increase in the percentage of both white and BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months. There is a renewed and more comprehensive a zero-tolerance policy in place, which supports the Trust's anti-racism stance.

INDICATOR 6

Bullying & harassment from staff

2020		2021		2020		2021	
White	16.2%	White	16.9%	BME	27.5%	BME	20.1%

The Trust is pleased to see a significant decrease in the numbers of BME staff reporting having experienced bullying or harassment from other staff in 2021 and will continue to promote the Zero Tolerance and anti-racism approach launched in 2020 through the auspices of the BME Taskforce.

INDICATOR 7

Fairness in career progression

2020		2021		2020		2021	
White	64.5%	White	63.9%	BME	48.8%	BME	51%

Whilst we have seen a slight positive improvement in responses from BME colleagues, we will continue to aim for no disparity between white and BME staff and aim to improve the overall responses for all colleagues.

INDICATOR 8

Experience of discrimination

2020		2021		2020		2021	
White	4.8%	White	5.6%	BME	12.4%	BME	10.5%

There has been a slight increase in white staff reporting they have personally experienced discrimination at work from managers, team leaders, or other colleagues, although there is still work that needs to be done to eradicate such behaviours. However, there has been a decrease reported by BME staff. Positively, the Trust is below the national average for both staff groups.

INDICATOR 9

Board voting membership

2020			2021		
White	BAME	Not Stated	White	BAME	Not Stated
71.4%	21.4%	7.1%	64.3%	28.6%	7.1%

We continue to work hard to continue to increase our diversity at board level, demonstrated by the increase in diversity in 2021. This is better than the national average of 12.6%. This is significantly higher than the Trust BME representation at 8.9%.

Conclusion & Reflection

This year's WRES report shows improvements in 7 of the 9 metrics, which is a positive move in the right direction and reflective of some of the great work that has taken place to support our BME colleagues across the trust. Nevertheless, the trust must not be complacent and we must continue to strive to eliminate racism and discrimination in all its forms to make Alder Hey a brilliant place to work for all of our colleagues.

We have made our first steps in beginning to build a culture of inclusivity and this needs to continue, constantly embedding equality, diversity & inclusion throughout our whole organisational planning. Our newly appointed Equality, Diversity and Inclusion Lead will work closely with the staff networks to collectively build and maintain a positive experience for our patients, carers and our dedicated colleagues.

